

U.S. PATENT & TRADEMARK OFFICE
MAY 23 2002
DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Docket No. 903.0010.U1(US)

**COPY OF PAPERS
ORIGINALLY FILED**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Limiting Shelf Life For Limited Play Optical Information Storage Media

the specification of which

(check one) is attached hereto.

X was filed on December 10, 2001 as Application Serial No. 10/016,263

 and/or that was amended on

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, 119 of any foreign application(s) for patent or inventor's certificate(s) listed below and have also identified below any foreign application(s) for patent or inventor's certificate(s) having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

 Yes No
(Number) (Country) (Day/Mon/Year Filed)

 Yes No
(Number) (Country) (Day/Mon/Year Filed)

I hereby claim benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

60/254,608 December 11, 2000
(Application Serial No.) (Filing Date)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorneys and/or agents listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

All Attorneys and/or Agents listed under **Customer Number: 29683**

including

NAMES	REGISTRATION NUMBERS
Mark F. Harrington	31,686
Harry F. Smith	32,493
Kevin P. Correll	46,641
Eric W. Petraske	28,459

SEND CORRESPONDENCE TO:

Customer Number: **29683**.

DIRECT TELEPHONE CALLS TO:

Harrington & Smith, LLP
Telephone: (203)366-4084
Facsimile: (203)366-4109

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR	LAST NAME LAWANDY	FIRST NAME Nabil	MIDDLE INITIAL M.
RESIDENCE & CITIZENSHIP	CITY & STATE OR COUNTRY North Kingstown, Rhode Island	CITIZENSHIP US	
POST OFFICE ADDRESS	P.O. ADDRESS 169 Eastwick Road	CITY, STATE & ZIP North Kingstown, RI 02852	

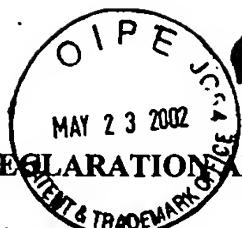
Inventor's
Signature Nabil Lawandy Date April 8, 2002

FULL NAME OF INVENTOR	LAST NAME KRIEG-KOWALD	FIRST NAME Marianne	MIDDLE INITIAL
RESIDENCE & CITIZENSHIP	STATE OR COUNTRY Rhode Island	CITIZENSHIP USA	
POST OFFICE ADDRESS	P.O. ADDRESS 1 Ferrier Avenue	CITY & STATE Barrington, RI 02806	

Inventor's
Signature _____ Date _____

FULL NAME OF INVENTOR	LAST NAME SMUK	FIRST NAME Andrei	MIDDLE INITIAL
RESIDENCE & CITIZENSHIP	STATE OR COUNTRY Rhode Island	CITIZENSHIP Ukraine	
POST OFFICE ADDRESS	P.O. ADDRESS 229 Gano Street	CITY & STATE Providence, RI 02906	

Inventor's
Signature Andrei Smuk Date 4/2/02



DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Docket No. 905.0010.U1(US)

As a below named inventor, I hereby declare that:

*COPY OF PAPERS
ORIGINALLY FILED*

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Limiting Shelf Life For Limited Play Optical Information Storage Media

the specification of which

(check one) is attached hereto.

X was filed on December 10, 2001 as Application Serial No. 10/016,263

 and/or that was amended on .

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, 119 of any foreign application(s) for patent or inventor's certificate(s) listed below and have also identified below any foreign application(s) for patent or inventor's certificate(s) having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

 Yes No
(Number) (Country) (Day/Mon/Year Filed)

 Yes No
(Number) (Country) (Day/Mon/Year Filed)

I hereby claim benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

60/254,608 December 11, 2000
(Application Serial No.) (Filing Date)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorneys and/or agents listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

All Attorneys and/or Agents listed under Customer Number: 29683

including

NAMES	REGISTRATION NUMBERS
Mark F. Harrington	31,686
Harry F. Smith	32,493
Kevin P. Correll	46,641
Eric W. Petraske	28,459

SEND CORRESPONDENCE TO:

Customer Number: 29683.

DIRECT TELEPHONE CALLS TO:

Harrington & Smith, LLP
Telephone: (203)366-4084
Facsimile: (203)366-4109

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR	LAST NAME LAWANDY	FIRST NAME Nabil	MIDDLE INITIAL M.
RESIDENCE & CITIZENSHIP	CITY & STATE OR COUNTRY North Kingstown, Rhode Island		CITIZENSHIP US
POST OFFICE ADDRESS	P.O. ADDRESS 169 Eastwick Road		CITY, STATE & ZIP. North Kingstown, RI 02852

Inventor's
Signature _____ Date _____

*COPY OF PAPER
ORIGINALLY FILED*

FULL NAME OF INVENTOR	LAST NAME KRIEG-KOWALD	FIRST NAME Marianne	MIDDLE INITIAL
RESIDENCE & CITIZENSHIP	STATE OR COUNTRY Rhode Island		CITIZENSHIP USA
POST OFFICE ADDRESS	P.O. ADDRESS 1 Ferrier Avenue		CITY & STATE Barrington, RI 02806

Inventor's
Signature Marianne Krieg-Kowald Date 4-14-02

FULL NAME OF INVENTOR	LAST NAME SMUK	FIRST NAME Andrei	MIDDLE INITIAL
RESIDENCE & CITIZENSHIP	STATE OR COUNTRY Rhode Island		CITIZENSHIP USA
POST OFFICE ADDRESS	P.O. ADDRESS 229 Gano Street		CITY & STATE Providence, RI 02906

Inventor's
Signature _____ Date _____